

BLIC VOUCHER FOR PURCHASES AT  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. \_\_\_\_\_

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Thompson Ramo Wooldridge Inc.  
(Payee)

Los Angeles 45, California

(Address) (City) (State)

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PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms	Invoice No.				
			2415			9,573	90
			2416			309	14
			2417			6,762	41
			2424			2,114	66
			2425			1,628	82
			2426			9,776	83
			2427			1,132	37
			2428			3,367	77
			2429			4,802	54
			2430			191	88

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total 39,660 32

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences \_\_\_\_\_

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for 39,660 32

Per \_\_\_\_\_ Title \_\_\_\_\_  
(Signature or initials) *EL*

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for pay

† Approved for \$ \_\_\_\_\_

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

STATINTL

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in  
{ Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ } favor of payee named above.  
Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be shown, as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.  
Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040101-0  
Title \_\_\_\_\_